

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45378

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Wilson Twp. 24th</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>Livonia,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plainview Rest Home</u> Length of stay in lb <u>2 yrs</u>				d. STREET ADDRESS (If outside, give location) <u>8860</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Alma</u> Last <u>Davids</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>26</u> Year <u>1957</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 2, 1868</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Month <u>8</u> Day <u>26</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ind.</u>			
11. BIRTHPLACE (City and state or country) <u>Ind.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>James McProud</u>				14. MOTHER'S MAIDEN NAME <u>Martha Bird</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Irene Morris-Kirksville, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) <u>hypertensive</u> (c) <u>Chronic nephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>years</u> <u>years</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4222</u>			
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>			
21. I attended the deceased from <u>April 19-49</u> to <u>Dec 26-57</u> and last saw her alive on <u>Dec 26-57</u> Death occurred at <u>Unionville, Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas L. Smith D.O.</u>				22b. ADDRESS <u>Unionville Mo</u>		22c. DATE SIGNED <u>12/21/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>12-29-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>F. O. Husted &amp; Son Unionville, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Murl E. Husted* .....

Licensed Embalmer No. *230*

P. O. Address *Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.